

APIC OVERVIEW OF STATE HAI REPORTING LAWS

STATE	LAW	YEAR ENACTED	REPORT TO WHOM?	WHEN REPORTING TO COMMENCE	REPORT THROUGH NHSN?	WHAT GETS REPORTED	ADVISORY COMMITTEE?
AR	Public Act 845 (HB 2735)	2007	Facilities may <i>voluntarily</i> submit quarterly reports to Division of Health of the State Department of Health and Human Services; Health Dept. submits summary of reports annually to legislature and makes them publicly available on website.	Facility reporting to Division of Health may begin January 31, 2009 or any time thereafter, according to quarterly schedule (April 30, July 31, October 31, January 31). First annual report to be published on or before January 1, 2010.	Data collection and analysis methodology to be determined by Advisory Committee, who may consider existing systems.	Facilities report surgical site infections from: 1) Coronary artery bypass 2) total hip or knee arthroplasty 3) knee arthroscopy 4) hernia repair; Central line-associated bloodstream infection in ICU. Annual report includes aggregate, not facility-specific, information.	"Health Facility", including hospitals, outpatient surgery centers, public health centers, and recuperation centers.
		2008	Hospitals report to State Department of Public Health. Department will make information available on its website according to prescribed schedule. Healthcare provider must notify patient when patient tests positive for MRSA.	1/1/2009 - hospital quarterly reporting begins; 1/1/2011 - department post CLASBI and MRSA rates on website; 1/1/2012 - department post incidence rate of deep or organ space surgical site infections, orthopedic, cardiac, and gastrointestinal surgical procedures.	Yes	HA-MRSA bloodstream infection; HA-clostridium difficile infection; HA-VRE bloodstream infection; central line-associated bloodstream infections and total central line days; surgical site infections of deep or organ space surgical sites, orthopedic surgical sites, cardiac surgical sites, and gastrointestinal surgical sites designated as clean and clean-contaminated, and the number of surgeries for each site.	MRSA - testing of patients scheduled for inpatient surgery; discharged from acute care hospital within 30 days prior to current admission; to be admitted to ICU or burn unit; receiving inpatient dialysis treatment; transferred from skilled nursing facility.
CA	Chapter 296 (SB 1058)	2006	General acute care hospitals report to State Department of Public Health.	Phased-in. New reporting requirements begin 1/1/2007, 1/1/2008; other surveillance and prevention measures implemented 1/1/2009.	Yes.	Beginning 1/1/2007-implementation of infection surveillance and prevention process measures, including risk and cost of the number of invasive patient procedures performed at the hospital; number of ICU beds; number of emergency department visits; number of outpatient visits by department; number of licensed beds; changing demographics of the community; estimated need and recommendations for additional resources for infectino prevention and control programs. Beginning 1/1/2008-implementation of process measures, initially including central line insertion practices, surgical antimicrobial prophylaxis, and influenza vaccination of patients and healthcare personnel.	Facility wide
CA	Chapter 526 (SB 739)						Yes.

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CO	Chapter 316 (HB 06-1045)	2006	Physicians who diagnose HAIs must report them to facilities in which procedure was performed; health facilities must report HAIs to NHSN and grant access to state health department. Health department will make summarized data available to the public on its website.	Reporting to NHSN to begin July 31, 2007. Beginning January 15, 2008, the health department will provide annual report to legislature summarizing risk-adjusted health facility data. Annual report will be made available to the public on health department website.	Facilities report to NHSN and must grant access to state health department.	Cardiac surgical site infections, orthopedic surgical site infections, central line-related bloodstream infections. By November 1, 2008, Advisory Committee to recommend inclusion of abdominal surgical site infection and at least one other HAI, or explain why no addition is necessary.	"Health Facility" includes hospitals, hospital units, ambulatory surgical centers, and dialysis treatment clinics. Also physicians diagnosing HAIs must report to the facility. By Nov. 1, 2008, Advisory Committee to recommend to health department whether long-term acute care hospitals should be added to data collection and reporting requirement.	Includes 4 Infection Preventionists, including 1 from ASC and 3 CBIC-certified RNs. Advisory Committee assists health department with oversight, evaluation, and developing methodologies for information collection and dissemination.
		2006	State Department of Public Health to report to the General Assembly on plan to implement mandatory reporting system for HAIs recommended by Advisory Committee, and then report annually to General Assembly on information collected through mandatory reporting system. Annual report will be made available to the public.	By 10/1/07, state health department will "within available appropriations" implement recommendations of Advisory Committee with respect to establishing an HAI mandatory reporting system and submit a report on the plan to the General Assembly. On 10/1/08 and annually thereafter, the health department will report to the General Assembly on data collected under the mandatory reporting system.	Not specified	To be determined by Advisory Committee.	To be determined by Advisory Committee.	Yes, to convene no later than 9/1/06. To advise the health department with respect to development, implementation, operation and monitoring of a mandatory reporting system for HAIs; identify, evaluation and recommend standardized measures, processes for reporting; and recommend methods for increasing public awareness about effective measures to reduce the spread of infections in communities and healthcare settings.
CT	Public Act 08-12 (SB 579)	2008	Hospitals report to State Department of Public Health, which will make the information public.	By January 1, 2009	Not specified	Hospital plan to reduce the incidence of MRSA infection at the hospital.	Not specified	N/A
CT	Public Act 06-142 (SB 160)							

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DE	House Substitute #1 (for HB 47)	2007	Hospitals report quarterly to State Department of Health and Social Services. Department reports annually to legislature. Both quarterly and annual reports available to public after inspection by hospitals.	First annual report due by 6/30/2009.	Hospitals must enroll in NHSN by 12/31/2007 and use NHSN definitions in reporting HAI rates, but not specified if reporting through NHSN.	To be determined by Advisory Committee, and may include HAI rates related to clinical procedures such as surgical sit infections for total hip and knee arthroplasty; central line-related bloodstream infections in ICU; and direct healthcare provider influenza vaccination rates. After 6/30/2010 Department may revise categories for reporting.	To be determined by Advisory Committee.	Yes. Includes one infection preventionist. Purpose of Advisory Committee to assist Department in developing all aspects of the methodology for collection, analyzing and reporting data.
FL	Chapter No. 2004-297 (HB 1629)	2004	Healthcare facilities report to state Agency for Health Care Administration	Not specified	No	To be determined by rulemaking	To be determined.	
IL	Public Act 093-0563 (SB 59)	2003	Hospitals report to State Department of Public Health quarterly, then submit annual summary report, which will be made available to the public.	Not specified	Not specified, but reporting according to NNIS benchmarks.	Specific details to be determined by Department of Public Health, but categories in which rate reporting is required includes Class I surgical site infection, ventilator-associated pneumonia, and central line-related bloodstream infection.	Not specified	Yes, to be organized by Department of Public Health. Advisory Committee will advise on all reporting required under this Act, not just HAI reporting. Does not specify inclusion of infection preventionist.
IL	Public Act 095-0282 (HB 192)	2007	State Department of Public Health provide periodic reports and updates to public officials and the general public on new developments in prevention and management of MDROs. Department also required to publish annual report on MRSA and C.Diff. infections (based on Hospital Discharge Datasheets).	Not specified	No	New developments in prevention and management of MDROs; information on MRSA and C.Diff. infections (type of information not specified).	Not specified	N/A

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IL	Public Act 095-0312 (SB 233)	2007	(This is primarily an MDRO prevention and control law, not reporting). Hospitals report to State Department of Public Health on number of MRSA infections that are present on admission and that occurred during the hospital stay. Department will make information available to the public in an annual report and include the information in the Hospital Report Card.	Commencement date not specified, but bill is repealed January 1, 2011.	No	MRSA	ICUs and other high-risk patients.
		2008	Providers report healthcare quality data, including HAI infection quality data, to the Maine Health Data Organization. Maine Center for Disease Control and Prevention reports annually to Legislature on statewide collaborative efforts with infection preventionists to control and prevent HAIs. Annual report made available to the public.	January 30, 2009	Not specified	Provider-specific performance report based on healthcare quality data.	Not specified
ME	Public Law Chapter 594 (LD 2297)						
MD	Chapter 42 Maryland Public Law (SB 135)	2006	Hospitals report to the Maryland Health Care Commission; Commission reports annually to the Legislature. Comparable evaluation system shall adhere to recommendations of CDC and HICPAC for public reporting of HAIs.	July 1, 2006	Not specified	Not specified.	Not specified

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MA	Chapter 305 (S 2863)	2008	Health Care Quality and Cost Council, which will include information on its website.	Unclear	Not specified	Not specified.	Not specified
MN	Chapter 147 (HF 1078) (see Article 14 Sec. 1)	2007	Minnesota Hospital Association will develop a web-based system by which to report to the public.	January 1, 2009	No	Hospital-specific performance on HAI public reporting measures as published by NQF. No specifics listed in the law, but website must provide information that compares hospital-specific data to hospital statewide data, and must be updated annually.	No
MO	SB 1279	2004	Laboratories, healthcare providers and healthcare facilities (including hospitals, ambulatory surgical centers, and other facilities will report to the State Department of Health and Senior Services. Physicians' offices are exempt. Reports published on the health department website.	7/1/05 department promulgate rules; 12/31/06 first report issued by department.	To be determined based on recommendation of Advisory Committee	Incidence rates for Class I surgical site infections; ventilator-associated pneumonia; central line-related bloodstream infections; other categories to be established by rule. Data submitted by laboratories to be determined by regulation, but will include number of MRSA and VRE patients, by facility.	Yes.
NE	Nebraska Revised Statutes Ch. 71, Secs. 71-8717 and 8718 (LB 361)	2005	Providers required to report to the Patient Safety Organization. Providers may elect to control with Patient Safety Organization.	Not specified	N/A	Unanticipated death or major permanent loss of function associated with HAIs. (MRSA, VRE, VISA/VRSA incidence reportable as communicable diseases - by regulation).	No

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NV	Chapter 191 (AB 59)	2005	Patient Safety Officer of the medical facility reports to the Nevada State Health Division.	No specified. However, effective date of law was October 1, 2005, and this law amended a mandatory reporting law already in existence to add HAIs to the sentinel events required to be reported.	No	Surgical site infections, ventilator-associated pneumonia, central line-related bloodstream infections, and urinary tract infections.	Not specified
		2006	Hospitals report to State Department of Health and Human Services. Department develop statewide database of reported infection information to make available to the public.	1/1/08 - hospitals begin reporting for a 6-month pilot phase; 9/1/09 - Health Department issue a report to hospitals to assess overall accuracy of data; 2/1/09 - First public report to be issued.	No, but guidelines, definitions, etc. should be consistent with NHSN, HICPAC, CDC, CMS, TJC, NQF, and the Hospital Quality Alliance.	Central line-related bloodstream infection; ventilator-associated pneumonia; surgical wound infections; plus process measures including adherence rates of central line insertion practices; surgical antimicrobial prophylaxis; and coverage rates of influenza vaccination for healthcare personnel and patients/residents.	All
NH	Chapter 292 (HB 1741)	2007	General hospitals report to State Department of Health and Senior Services the number of cases of hospital-acquired MRSA in the facility.	Infection prevention program to begin implementation by Sept. 1, 2007. Reporting commencement date to be determined by regulation.	No	Hospital-acquired MRSA	All
NJ	PL 2007 Chapter 120 (S 2580)	2007	General hospitals report quarterly to the State Department of Health and Senior Services. Information to be made available to the public on department website in a format the department deems appropriate to enable comparison among hospitals.	Thirty days after adoption of regulations.	To be determined by regulation.	To be determined by regulation.	Not specified
NJ	PL 2007 Chapter 196 (S 147)	2007	General hospitals report quarterly to the State Department of Health and Senior Services. Information to be made available to the public on department website in a format the department deems appropriate to enable comparison among hospitals.	Thirty days after adoption of regulations.	To be determined by regulation.	To be determined by regulation.	Not specified

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NY	Chapter 284 of 2005 (A 8698)	2005	Hospitals report to the NY State Department of Health every six months. Health Department will establish state-wide database to publicly report HAI data, and submit an annual report to the governor and legislature which will be published on the department's website.	1/1/2006-dept. establish HAI reporting system; 1/1/2007-hosp. rptng begins in 1-year pilot phase (hospital identifiers encrypted in pilot phase); 3/1/2008-dept. report to hospitals assessing the accuracy of data submitted in pilot; subsequent reports will include hospital identifiers.	Yes	Hospitals report surgical wound infections, central line-related bloodstream infections, and ventilator associated pneumonia. Annual dept. report to governor and legislature includes risk-adjusted HAI rates for each hospital; analysis of trends in HAI infection and control state-wide, regionally, and nationally; and narrative description of lessons for safety and quality improvement.	Initially, reporting only in critical care units	Bill includes consultation with technical advisors, but no formal advisory committee.
OK	Chapter 315 (HB 2842)	2006	Annual report of hospital performance, including facility-specific quality indicators, to be published.	No specified.	No	Quality indicators to include AHRQ Patient Safety Indicators, ventilator-associated pneumonia, device-related bloodstream infections.	Acute care ICU.	Oklahoma Hospital Advisory Council established as part of broad Medicaid Reform law to advise State Board of Health and State Department of Health regarding hospital operations, including patient safety measures.
OR	Chapter 838 Laws of 2007 (HB 2524)	2007	Healthcare facilities report to the Office for Oregon Health Policy and Research, which will be made available to the public. In order to avoid duplication, information will be reported in a manner similar to that reported to the state Department of Human Services and to CMS.	1/1/2008 - Office adopt rules for HAI reporting program; 1/1/2009 - facilities begin reporting; 1/1/2010 - reports disclosed to the public every 6 months; 1/1/2011 - public reports updated quarterly.	Not specified but reporting mechanism to be determined by HAI Advisory Committee.	To be determined by regulation, taking into account advice from HAI Advisory Committee. Infection measures to be reported may include surgical site infections; central line-related bloodstream infections; urinary tract infections, and process measures designed to ensure quality and reduce HAIs.	To be determined. Healthcare facility includes hospitals, long term care facilities, ambulatory surgery centers, outpatient renal dialysis facilities, and freestanding birthing centers.	Yes.
PA	Act 52 (SB 968)	2007	Hospitals report to CDC/NHSN. Nursing homes report to State Department of Health and the Pennsylvania Patient Safety Authority.	2/1/2007 - hospitals begin monthly reporting through NHSN, and authorizing health department and patient safety authority to have access to data.	Yes.	To be determined by health department and patient safety authority.	Facility wide	Yes.

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RI	Chapter 097 (S 2382)	2008	Hospitals report quarterly to State Health Department. Department submit annual report to the Legislature summarizing hospital quarterly reports; report published on Department website. Annual report to include plain-language executive summary; discussion of findings, conclusions, and trends; comparison to prior years; and policy recommendations as appropriate.	4/1/2009 - hospital quarterly reporting; 10/2010 - annual reports due; 12/2010 - annual reports published on website.	To be determined by Healthcare Quality Steering Committee and HAI Advisory Committee.	To be determined by regulation upon advice of Steering Committee and Advisory Committee. Specific procedures may include surgical site infection; ventilator-associated pneumonia; central line-related bloodstream infections; urinary tract infections. May also include process of care measures such as compliance with SIP/SCIP parameters, prevention bundles for CLABSI, prevention bundles for CA-UTI, hand hygiene compliance, compliance with isolation precautions.	To be determined.	Healthcare Quality Steering Committee (chaired by state health director) and Hospital-Acquired Infections and Prevention Advisory Committee, appointed as permanent subcommittee to Steering Committee, with majority of members representing infection control community.
		2006	Hospitals report every 6 months to the State Department of Health and Environmental Control. Reports made available to public at hospitals and from Department. Department submit annual report to General Assembly summarizing hospital reports; report published on Department website. Annual report to include plain-language executive summary; discussion of findings, conclusions, and trends; comparison to prior years; and policy recommendations as appropriate.	2/1/2008 - hospitals begin reporting; 2/1/2009 - first Department annual report published.	To be determined by Advisory Committee and Department, which will consider, but not limited to existing systems such as NHSN.	Specific clinical procedures to be recommended by Advisory Committee, including surgical site infection; ventilator-associated pneumonia; central line-related bloodstream infection. Also report on completeness of certain selected infection control processes, as recommended by Advisory Committee.	To be determined.	Yes.
SC	Chapter 904 (SB 2978)	2006	Hospitals to register and report through NHSN and grant State Department of Health access to database on selected procedures. Department to disseminate public reports based on data, update reports every 6 months.	Within 4 months of NHSN becoming available to facility.	Yes.	Central line-associated bloodstream infections (facility-specific rates only displayed for facilities with more than 30 central line insertions per year); surgical site infections for coronary artery bypass grafts (Department will report only aggregate statewide performance on CABG surgical infection rates).	CLABSI - ICUs, excluding burn units and Level 1 Trauma units; SSI for CABG - not specified.	Task Force to clarify Interpretive Guidelines for Reporting unusual Events with regard to Class I and Class II surgical site infections. Task Force to report to health Commissioner.
TN								

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TX	SB 288	2007	Healthcare facilities report to the Department of State Health Services. The Department will make a summary of facility reports available to the public. Timeframes for facility and department reporting to be determined by regulation.	To be determined by regulation. Texas HAI Reporting System to be developed by 6/1/2008.	No	Incidence of surgical site infections for colon surgery, hip and knee arthroplasty; abdominal and vaginal hysterectomy; coronary artery bypass graft; and vascular procedures. Pediatric and adolescent hospitals report incidence of SSIs for cardiac procedures (excluding thoracic cardiac procedures); vetriculoperitoneal shunt procedures; and spinal surgery with instrumentation. General hospitals report incidence of central line-associated primary bloodstream infections occurring in special care setting; incidence of respiratory syncytial virus occurring in pediatric inpatient unit. Law establishes alternative reporting requirements for facilities that perform fewer than an average of 50 procedures per month for reportable procedures.	See previous column. Healthcare facilities include general hospitals and ambulatory surgical centers.	Yes.
TX	HB 1082	2007	PILOT PROGRAM: All clinical laboratories within the area of the pilot program report to the program administrator. Program to compile a summary of data by location to make available to the public.	Pilot program commenced upon enactment of legislation 6/16/2007. Department of State Health Services to submit report to Legislature on effectiveness of pilot program in tracking and reducing number of MRSA infections within the area of the pilot program by 9/1/2009. Submission of this report concludes and abolishes the program.	No	All cases of MRSA	Laboratories	N/A
TX								

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UT	Utah Administrative Code, Rule R386-705	2008	Hospitals report to State Department of Health, Bureau of Epidemiology. Information will be made available upon request.	Effective date of Rule 11/1/2008.	Not specified. To be determined by health department.	Number of central-line patient days; each case of central line-associated bloodstream infection; influenza vaccination rates for healthcare workers.	CLABSI - general or specialty care ICU beds, except bone marrow transplant units, newborn or neonatal ICUs or nursing areas that provide step-down, intermediate care, or telemetry monitoring.
VT	Act 215 (H 881) - only Section 327-Hospital Infection Rate Reporting	2006	Hospitals report to State Department of Health.	Not specified	Not specified	To be determined by regulation. Measures of hospital-acquired infection included in broader hospital community report.	Public Oversight Commission to work with the health commissioner and representatives of hospital, healthcare professional, and patient advocacy groups to establish format and content for community reports.
VA	Chapter 444 (H 1570)	2005	Acute care hospitals report to CDC's NHSN and release data to State Board of Health. Data may be released to the public by the Board upon request.	July 1, 2008	Yes	To be determined by Board of Health Regulation	To be determined by Board of Health Regulation

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WA	Chapter 261 (HB 1106)	2007	Hospitals report HAIs to CDC, process measures reported to CMS. Hospitals must release or grant access to information to state health department. Health department report to legislature (beginning 2011). Beginning 12/1/09, health department prepare and public annual report comparing HAI rates at individual hospitals, publish on its website.	7/1/08 -- CLABSI in ICU; 1/1/09 - VAP; 1/1/2010 - SSI for deep sternal wound for cardiac surgery, including CABG, total hip and knee replacement surgery, and abdominal and vaginal hysterectomy.	Facilities report to NHSN until health department determines otherwise. Health Department may require reporting to CMS if/when it determines that data can be reporting according to "definitions, methods, requirements and procedures of the Hospital Compare Program while providing substantially the same information to the public.	Central line-associated bloodstream infection in ICU; Ventilator-associated pneumonia; surgical site infection for the following procedures: Deep sternal wound for cardiac surgery, including coronary artery bypass graft; total hip and knee replacement surgery; and abdominal and vaginal hysterectomy.	Yes. Includes Infection Preventionists. Advisory Committee assists health department by making recommendations on allowing hospitals to review and verify data being released in the public report, and considering methodologies and practices recommended by CMS, CDC, The Joint Commission, National Quality Forum, Institute for Healthcare Improvement and other relevant organizations.
		2008	Hospitals report to the WV Health Care Authority (a division of the State Department of Health and Human Resources). Information to be made available to the public in a manner to be determined by Advisory Panel.	July 1, 2009	Yes	To be determined by Infection Control Advisory Panel.	To be determined by Infection Control Advisory Panel.
WV	Chapter 114, Acts of 2008 (HB 4418)						

ACRONYMS:
CABG -- coronary artery bypass graft
CA-UTI -- catheter-associated urinary tract infections
CLABSI -- central line-associate bloodstream infections
HAI -- healthcare-associated infection
ICU -- intensive care unit
MDRO -- multidrug-resistant organism
MRSA -- methicillin-resistant staphylococcus aureus
NHSN -- CDC's National Healthcare Safety Network
SSI -- surgical site infection
VAP -- ventilator-associated pneumonia
VRE -- vancomycin-resistant enterococci
VISA -- vancomycin-resistant staphylococcus aureus
VISA -- vancomycin-intermediate/resistant staphylococcus aureus